

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

GEAUGA PUBLIC HEALTH
12611 RAVENWOOD DR, STE 300
CHARDON, OH 44024
1-440-279-1900

Instructions:

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee, payable to

Business Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Name of Operator: _____ Name of Owner: _____

Mail to Name: _____

Mail to Street: _____

Mail to City: _____ Mail to State: _____ Mail to Zip: _____

APPLICANT _____ DATE _____

(SIGNATURE)

License Fee	Fee Description	Late Fee	Total Fee
280.00	TATTOO ANNUAL LICENSE FEE	0.00	280.00

This license expires on December 31 every year.

The owner(s) of this establishment agrees to comply with the Ohio Administrative Code sections 3701-9-01 to 3701-9-09 and the Ohio Revised Code sections 3730.01 to 3730.11.

The owner(s) also agree to allow the Geauga County Health District the right to inspect the establishment at any time the Health District deems necessary.

(Office Use Only)

ID # _____ YEAR _____

REGISTRATION APPROVED _____

REGISTRATION DENIED _____

FEE PAID \$ _____ RECEIPT # _____ DATE _____